

Name: Barbara

Lou

Knox

8. EMPLOYMENT HISTORY

List in chronological order all employment including practice employment for the last four years.

Name of Employer	Employer Address	Position Title	Employment Dates: From-To (MM/DD/YYYY)
University of Wisconsin School of Medicine and Public Health	Department of Pediatrics, 600 Highland Avenue, Madison, WI	Professor of Pediatrics	07/01/2006 to 10/27/2019
Providence Medical Group Alaska	3200 Providence Drive, Ste B02, Anchorage, AK	Medical Director, Child Abuse Pediatrics	10/28/2019 to 04/01/2022
			to
			to

9. ACADEMIC FACULTY APPOINTMENTS / STAFF PRIVILEGESA. Do you currently hold a faculty appointment at an accredited medical school? ☒ Yes ☐ NoB. Have you had the responsibility for graduate medical education within the last ten years? ☒ Yes ☐ No

If you responded "Yes," complete the following:

Name of Institution	City/State	Title of Appointment
University of Wisconsin School of Medicine and Public Health	Madison, WI	Professor of Pediatrics
University of Washington School of Medicine	Seattle, WA	Clinical Professor of Pediatrics

C. Do you currently hold staff privileges in any hospital, health institution, clinic or medical facility? ☒ Yes ☐ No

If you responded "Yes," complete the following:

Name of Facility	City/State	Type of Privileges	From-To (MM/DD/YYYY)
Providence Alaska Medical Center	Anchorage, AK	Active Medical Staff-Full Privileges	11/26/2019 to 04/01/2022
Providence Kodiak Medical Center	Kodiak, AK	Courtesy Privileges	09/06/2021 to 04/01/2022

D. Have you ever had any staff privileges denied, suspended, revoked, modified, restricted, not renewed, or placed on probation, or have you been asked to resign or take a temporary leave of absence or otherwise acted against by any facility? ☐ Yes ☒ No

If you responded "Yes," complete the following:

Name of Facility	Address	From-To (MM/DD/YYYY)	Under Appeal?
		to	<input type="checkbox"/> Y <input type="checkbox"/> N
		to	<input type="checkbox"/> Y <input type="checkbox"/> N

If you responded "Yes" to D, you must provide the following:

- ☐ A written self-explanation on a separate sheet describing in detail the circumstances
- ☐ Supporting documents from the applicable entity

10. OTHER ITEMS REQUIRED

- ☒ **National Practitioner Data Bank (NPDB) Self-Query- All applicants** are required to complete a self-query to the NPDB and upon receipt of the report, provide the board office with a copy. The NPDB charges a fee to provide the self-query. You may contact NPDB at www.npdb.hrsa.gov/ or by telephone at (800) 767-6732.

All supporting documentation not submitted with the application must be sent to the board office at
BOM_InitialApps@flhealth.gov or mailed to:

Board of Medicine
4052 Bald Cypress Way Bin C-03
Tallahassee, FL 32399-3253